



Montgomery County Maryland
Department of Permitting Services
(240) 777-6240 Fax (240) 777-6262
<http://permittingservices.montgomerycountymd.gov>

255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850-4153



APPLICATION FOR A RECIPROCAL ELECTRICAL LICENSE STATEWIDE

Fee \$275.00 (The total fee of \$275.00 includes a base fee of \$250 PLUS a 10% Automation Enhancement fee of \$25.00)

FOR OFFICE USE ONLY

License No: _____ Check No: _____ Fee Paid: _____

Receipt No: _____ Issue Date: _____ Expiration Date: _____

Approved { }

Disapproved { }

Date _____

Member, Board of Electrical Examiners,
Montgomery County Maryland

APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home Phone: _____

Statewide Master Electrician's License # _____

The Electrical Business you are representing in Montgomery County:

Name: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

LICENSES AND VIOLATIONS

Have you ever been convicted of any criminal act in any jurisdiction? ☐ **Yes** ☐ **No**

Have you ever operated as an Electrical Contractors Business in
Montgomery County? ☐ **Yes** ☐ **No**

Have you ever had an Electrical License or Bond suspended or revoked? ☐ **Yes** ☐ **No**

Are there any electrical violations outstanding against electrical permits
issued to you in any jurisdiction within the past year? ☐ **Yes** ☐ **No**

(If YES to any of the above questions, give dates, license #, and details on a separate sheet.)

AFFIDAVIT

**“I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED
HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND
BELIEF.” I further authorize the release of any information contained within this application to
an authorized representative of the Department of Permitting Services for further
investigation.**

Date_____

Signature of Applicant_____